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West Nile Virus and Children, Pregnancy and Breast Feeding

Q. Are children at risk of contracting West Nile Virus?

A. Children are some the least susceptible population for contracting West Nile Virus. Children are at minimal risk of contracting the disease, but caution should be used when children play outside.

Q. How do I protect my children from West Nile Virus?

A. Use the same methods of protecting children as you would an adult. Avoid exposure to mosquitoes, bring children in during times when mosquitoes are most prevalent and use insect repellent with DEET.

Q. Is it safe to use insect repellent with DEET on children?

A. Yes, DEET has been found to be safe on young children. Follow label directions regarding concentrations. DEET is safe to use on children as young as two months old in low concentrations.

Q. Does WNV illness during pregnancy pose a health risk to the fetus?

A. During 2002, one case of transplacental (mother-to-child) transmission of WNV was reported to CDC. In this case, the infant was born with WNV infection and severe medical problems. It is unclear, however, whether WNV infection caused these problems or whether they were due to other causes (see MMWR Dec 20, 2002).

During 2003, CDC and state and local health departments formed a registry to follow birth outcomes among women with WNV illness in pregnancy. In 2003, the registry identified over 70 women who acquired WNV illness while pregnant. As of January 30, 2004, over 40 of these women had delivered live infants. Preliminary findings regarding the outcomes of these pregnancies were presented at the Fifth Annual National West Nile Virus Conference in Denver CO on February 2, 2004. CDC is continuing this investigation.

Because of ongoing concerns that mother-to-child transmission can occur with possible adverse health effects, pregnant women should take precautions to reduce their risk for WNV and other mosquito-borne infections by avoiding mosquitoes, using protective clothing, and using repellents containing DEET. Repellents with DEET are safe for pregnant women, and there are other options as well such as a soybean oil based repellent that provides limited term, good protection. (See Using Repellent Safely.)

Pregnant women who become ill should see their health care provider, and those who have an illness consistent with acute WNV infection should undergo appropriate diagnostic

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testing.

Q. Are infants at higher risk than other groups for illness with West Nile virus?

A. No. West Nile virus illnesses in children younger than 1 year old are infrequent. During 1999-2001, no cases in children younger than one year of age were reported to CDC. In 2002, 2,500 total West Nile Virus disease cases were reported to CDC, and only six occurred in children less than one year of age. The number of children infected with WNV during 2003 will be updated when data are finalized.

Q. Can West Nile virus be transmitted through breast milk?

A. Based on a 2002 case in Michigan, it appears that West Nile virus can be transmitted through breast milk. A new mother in Michigan contracted West Nile virus from a blood transfusion shortly after giving birth. Laboratory analysis showed evidence of West Nile virus in her breast milk. She breastfed her infant, and three weeks later, her baby's blood tested positive for West Nile virus. Because of the infant's minimal outdoor exposure, it is unlikely that infection was acquired from a mosquito. The infant was most likely infected through breast milk. The child is healthy, and does not have symptoms of West Nile virus infection.

Q. If I am pregnant or breast-feeding, should I use insect repellent containing DEET?

A. Yes. Insect repellents help people reduce their exposure to mosquito bites that may carry potentially serious viruses such as West Nile virus, and allow them to continue to play and work outdoors. There are no reported adverse events following use of repellents containing DEET in pregnant or breast-feeding women.

Q. Should I continue breast-feeding if I am symptomatic for West Nile virus?

A. Because the health benefits of breast-feeding are well established, and the risk for West Nile virus transmission through breast-feeding is unknown, the new findings do not suggest a change in breast-feeding recommendations.

Lactating women who are ill or who are having difficulty breast-feeding for any reason should, as always, consult their physicians.

Q. Should I continue breast-feeding if I live in an area of WNV transmission?

A. Yes. Because the health benefits of breast-feeding are well established, and the risk for West Nile virus transmission through breast-feeding is unknown, the new findings do not suggest a change in breast-feeding recommendations.

Q. If I am breast-feeding, should I be tested for West Nile virus?

A. No. There is no need to be tested just because you are breast-feeding.

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